CHAPTER 10

PHARMACY OPERATIONS AND DRUG CONTROL

CHAPTER 10. PHARMACY OPERATIONS AND DRUG CONTROL

Section A - Pharmacy Administration

1. Responsibilities.

   a. The person designated in writing as responsible for the pharmacy is accountable to the Chief, Health Services Division, or the executive officer for properly storing and dispensing drugs, record keeping, and maintaining a pharmacy policy and procedures manual.

   b. The person in charge of the pharmacy shall acquire, store, compound, and dispense medications according to applicable Federal laws (principally Title 42, United States Code [42 USC] and Title 21, Code of Federal Regulations [21 CFR]) and observe the highest standards of professional practice and established pharmaceutical procedures.

   c. Through medical administration persons responsible for daily pharmacy operations shall request adequate funding to provide the level of pharmaceutical care required in Section 10.A.2.c.

   d. Health Services Division Chiefs shall ensure that all short-term, interim, or temporarily assigned pharmacy personnel have successfully completed Quality Assurance Guide (QAIG) #41 (Pharmacy Watchstander Qualification Guide(PWQG)) and that all regular assigned pharmacy personnel have completed pharmacy technician "C" school training. These minimum standards of qualifications must be documented in the training file of all pharmacy watchstanders. The PWQG does not replace the requirement for "C" school trained pharmacy technicians, but will assist clinic personnel in becoming more productive members of the Coast Guard health services team and in doing so further enhance the mission of the Coast Guard clinics.

   e. Pharmacy officer collateral duty oversight shall be provided for all clinics and sickbays that do not have pharmacy officers assigned. A Pharmacy Officer Collateral Duty Program shall be administered by the cognizant Maintenance and Logistic Command (k), who shall:

      (1) Determine cost requirements for the pharmacy officer collateral duty program and submit funding requests to Commandant (G-WKH) in the annual operating summary of budget estimates (CG-4144) process.

      (2) Provide direction and funding to pharmacy officers for matters relating to assignments in pharmacy officer collateral duty program.

      (3) Develop work plans which specifies units for which the pharmacy officer is responsible.

      (4) Ensure that visit schedule will be:

         (a) the most cost effective;

(b) feasible to maintain responsibilities at the unit where the pharmacy billet is assigned; and

(c) coordinated with the unit commanding officer possessing the billet.

(5) Establish the content and frequency of a reporting system for pharmacy officers on assignment and provide a copy of this report to the unit commanding officer where the billet is assigned.

(6) Ensure that rating officers of pharmacy officers on assignment in the pharmacy collateral duty program obtain input for completing the USPHS Commissioned Officers' Effectiveness Report from the other units where the pharmacy officer provides oversight.

(7) Oversees the following pharmacy officer responsibilities.

(a) Report to the Chief, Health Services Division of the unit to which they are assigned.

(b) Follow the established chain of command.

(c) Serve as a member of the Pharmacy and Therapeutics Committee, and assist those units to which they are assigned with developing and maintaining a drug formulary. This formulary shall be standardized to provide a list of medications stocked in the "therapeutic category" format.

(d) Provide direct assistance for all aspects of the Pharmaceutical Prime Vendor Program.

(e) Assist each unit in eliminating or minimizing the purchase of medication through nonfederal sources by using formulary process and redistributing medication as needed.

(f) Develop an inventory of limited use pharmaceuticals/pharmaceutical supplies for distributing to each unit.

(g) Serve as the point of contact for redistribution of medication that are due to expire or are in excessive supply.

(h) Identify special order medication, label them for each patient and assure that they are not considered formulary items. These should be marked for a specific patient only and removed when the patient no longer requires them.

(i) Analyze and develop the most cost effective methods for providing non-formulary medication for chronic conditions.

(j) Provide oversight to the health services technician(s) who normally operate the unit pharmacy and assist in dispensing operation as required.

(k) Provide and document in-service training to the clinic staff.

(l) Review all pharmacy operations and policies including controlled substance activities.

(m) Assist the unit in preparation for MLC Quality Assurance Surveys.

(n) Submit a report of the content and frequency established by MLC (k).

2. Prescribers.

a. Authorized prescribers include:

(1) Medical officers and dental officers as defined in this Manual's Sections 1.B.1. and 1.B.4.;

(2) Civilian physicians employed by the Coast Guard;

(3) HSs may prescribe drugs listed in the Coast Guard Health Services Technician Formulary, COMDTINST 6570.1 (series). While performing isolated duty at LORAN stations or underway, HSs may prescribe additional drugs listed in Health Services Allowance List, Part 2 (Vessels), COMDTINST 6700.6(series). HSs in these situations should seek medical advice if available; and

(4) Civilian physicians, dentists, and allied health care providers (nurse practitioners, physician assistants, optometrists, etc.) as authorized by State law in their licensing jurisdiction to write prescriptions in practicing their profession.

b. Prescriptions by uniformed service physicians and dentists, other than Coast Guard, shall be honored when ever possible. For example, Department of Defense prescription policies (TRICARE/TRI SERVICE) shall be considered/observed to the fullest extent possible within the scope of the primary care nature of Coast Guard Health Care facilities. Prescriptions by these providers shall be written on the prescription forms authorized by their service.

c. Prescriptions for eligible beneficiaries from licensed civilian physicians, dentists, or podiatrists shall be honored for products on the clinic's formulary. Clinic formularies shall be established based on the Coast Guard Core Formulary and the prescribing habits of the providers assigned to that clinic. Items will not be maintained on the formulary primarily to meet civilian prescription demand. Military practitioners or contract providers shall not countersign civilian prescriptions nor shall civilian prescriptions be rewritten during cursory outpatient visits with the intent of authorizing the prescription for dispensing at the facility. If additional funding is required for specific, high cost drugs, it shall be requested via the AFC-57 budget.

d. Authorized prescribers shall not prescribe controlled medications for themselves and/or their family members. If such medication is required and no other prescriber

is assigned to the facility, the commanding officer or executive officer shall approve and countersign each prescription before the prescriber fills it.

3. Prescriptions.

   a. Prescriptions written by Coast Guard physician's assistants and nurse practitioners may be filled at the facility where written or at a neighboring MTF as permitted by local prescribing policy. Prescriptions written by health services technicians shall be filled only at the facility were written. Coast Guard clinics may agree among themselves to honor another Coast Guard clinic's physician assistants' or nurse practitioners' prescriptions if stock shortages so necessitate. Other Coast Guard facilities may honor Coast Guard physician assistants' and nurse practitioners' refills (for other than controlled substances) if the patient presents his or her health care record containing the original entry.

   b. Accept telephoned and oral prescriptions only in emergencies. The prescriber must write and sign the prescription as soon afterwards as possible. A clinic may choose to accept FAXed prescriptions provided it receives the original prescription before dispensing the medication.

   c. Health Services Technicians shall not contact civilian prescribers to resolve prescription problems but return the problem prescription to the patient and explain why he or she cannot dispense it. The HS may provide the names of suggested available products to the patient. Professional supervisors (pharmacy officers or senior medical officers) may authorize, via the Pharmacy Policy and Procedures Manual, pharmacy technicians to make telephone contact with civilian prescribers to resolve problems. All authorized telephone transactions will be clearly defined; those transactions not listed shall be unauthorized.

   d. Prescriptions shall be personalized. If more than one member of a family is prescribed the same drug, a separate prescription blank must be used for each member

   e. Items prescribed must treat conditions within the normal scope of professional practice and the ethics of the prescriber.

   f. Prescriptions for medications to treat cosmetic conditions (baldness, wrinkles, etc.) and for weight loss will not be honored nor shall medications for these conditions be stocked at Coast Guard facilities.

   g. Do not fill prescriptions for animals other than those the Government owns.

   h. If a physician assistant has clinical privileges at a local DOD facility, he or she may use its prescription form to write prescriptions to be filled at that facility, provided the form contains the statement "To be filled only at [insert designated DOD facility]."

   i. The prescriber's facility has the responsibility to procure and dispense all medications its staff members (including in-house contract prescribers) prescribe. In the rare

event a patient must carry a prescription elsewhere for dispensing, the prescriber shall write the facility's name in addition to the other required information on the form.

j. Providers are tasked with the cost-effective use of medications. Commandant (G-WKH) maintains a list of and prescribing guidelines for selective medications, listed in Figure 10-A-2. Clinics shall ensure in-house prescriptions meet the requirements to use these items cost-effectively.

4. Prescribing in the Medical Record.

a. At all clinics and sickbays, prescribe medications on an SF-600 in the medical record, or when appropriate, SF-558, Emergency Care and Treatment. The medical record thus becomes a more comprehensive repository for all patient health information and also ensures the pharmacy staff has access to the necessary clinical information (age, weight, allergies, lab values, vital signs, etc.) to provide complete pharmaceutical care. In clinics that maintain dental records separately, the dental staff may use prescription forms.

b. Procedures.

(1) Document (S.O.A.P. format) the patient visit on an SF-600 or SF-558 in the chart. Under the "Plan" section list the drug name, strength, directions, quantity, and refills. Start each new drug entry on a new line (examples: "HCTZ 50 mg, #1 tab po QD #90 RF X 1"; "Clonidine 0.1 mg, #1 tab po BID #180 RF X 1"). If prescribing for a dental condition, label the SF-600 section "Dental Rxs" and list the same information required here and in 10-A-4.b.(2).

(2) In the "Plan" section, state a disposition to assist pharmacy staff in coordinating quantities of all chronic medications until the next appointment. Complete the entry with the authorized prescriber's signature (examples: RTC PRN; F/U appt. 10 days; RTC 3 months).

(3) The terms chronic and maintenance medications are synonymous. A maintenance medication is defined as any medication used to treat a chronic condition. The term "maintenance" implies that a prescriber and patient have gone through a dosage titration process and have determined that the patient should be "maintained" on an effective dose of a medication that is well tolerated. Ultimately, the individuals in a position to make such a determination are the patient and the prescriber. The standard quantity issued for chronic conditions is a 90-day supply. If it is necessary to deviate from this amount, prescribe quantities in 30-day increments (30, 60, 90, etc.) if possible. If pharmacy staff in consultation with the prescriber deem it advantageous to the patient due to travel, deployment, operational commitments, packaging, etc., they may dispense larger quantities.

(4) Pharmacy staff shall completely draw a single horizontal line through errors or changes and conspicuously write "Error" next to the item. The person changing the entry shall initial the change or error. Return incorrect or incomplete entries to the prescriber for revision.

(5) Pharmacy staff shall write the prescription number or put the multi-part strip label on the SF-600 and initial to identify the person who prepared the prescription.

(6) Pharmacy staff shall write the manufacturer's name, lot number, and expiration date to the right of the drug prescription (not required with CLAMS OR CHCS). Sickbays not on CLAMS OR CHCS also shall maintain a drug dispensing log containing prescription number, patient's name, patient's SSN, drug name, drug manufacturer, and lot number. Retain this log for record purposes for 3 years.

(7) For refills, pharmacy staff shall note the date, pharmacy identity and "Rx Refill" on the SF-600, followed by medication name, quantity, original prescription date, manufacturer's name, lot number, expiration date, and remaining refills. If processing through CLAMS OR CHCS, the only required information is the pharmacy identity, current date and medication name. The pharmacy staff member charting the refill shall initial the entry. The use of personal stamps to further identify pharmacy personnel is encouraged. Any other services (counseling, vital signs, etc.) provided to the patient shall also be noted in the medical record. See Figure 10-A-2 for examples.

(8) In addition to the SF-600 or SF-558 entry, written prescriptions are required for all controlled substances or cases where a prescription must be taken to another pharmacy.

(9) All prescriptions generated from sources outside the clinic shall be filled or refilled using CLAMS OR CHCS or the procedures specified in this Chapter and maintained on file in the pharmacy. The pharmacy need not maintain a health care record if the patient receives only basic pharmaceutical care from the facility.

5. Signatures. No prescription or order shall be filled unless it bears the signature of an individual authorized to write prescriptions. All prescriptions shall be imprinted/stamped with the prescriber's name, rank, and professional discipline (MD, DDS, HS2, etc.). Prescriptions for controlled substances shall also provide the social security number of the prescriber or DEA number. Pharmacy personnel shall maintain signature examples for in-house and contract prescribers. Professional judgment shall be used to verify authenticity of prescriptions from other sources.

6. Dispensing.

   a. The pharmacy shall serve as the source of supply from which clinics or satellite activities normally obtain required pharmaceuticals and related supplies. In addition, the pharmacy dispenses required, authorized preparations directly to patients.

   b. Except for OTC program items, the pharmacy shall dispense all stocked items only on receiving a properly written, verified prescription. If pharmacy staff receive an illegible prescription or question its authenticity, dosage, compatibility, or directions to the patient, staff shall obtain clarification from the prescriber before dispensing the medication(s).

c. Clinics shall have a system (computerized, written, etc.) in place to ensure they can obtain prescriptions in case of a product recall.

d. Clinics shall submit all pertinent patient adverse reactions or product quality problems on the FDA MEDWATCH system on FDA Form 3500. Obtain MEDWATCH forms and information from the FDA at 1-800-FDA-1088.

e. When dispensing medication, the dispenser shall identify the patient and ensure his or her eligibility.

f. Use child-resistant containers to dispense all prescription legend medications except nitroglycerin, which is dispensed in the original container. The practitioner or patient may specifically request a conventional closure; a practitioner must so indicate on the prescription order. If the patient requests such a closure, enter a statement so saying on the back of the prescription; have the patient sign it. When refilling prescriptions, the pharmacy must ensure the safety closure still functions and the label is legible before dispensing in the original container.

g. Prescriptions (except for controlled substances-see 10-B-4.c.) may be refilled when authorized by the prescriber. The maximum quantity shall be a year's supply of medication. No prescription shall be refilled after more than one year from the date it was written. PRESCRIPTIONS SHALL NOT BE REFILLED FROM THE LABEL ON THE CONTAINER ONLY.

h. Coast Guard clinics are encouraged to establish non-prescription medication programs under the following guidelines:

   (1) Commanding Officer of Coast Guard units assigned health care personnel may elect to operate a nonprescription drug program. Units not staffed with an HS, may operate a nonprescription medication program if quarterly oversight (direct visit) is provided by a Coast Guard clinic or supporting Independent Duty HS. Units electing to offer a nonprescription drug program shall inform their respective MLC, and verify that they will operate within these guideline.

   (2) All Coast Guard health care facilities shall make condoms available to beneficiaries even if they elect not to offer a nonprescription drug program. Condoms shall be made available to beneficiaries under 18 years of age unless specifically forbidden by law.

   (3) Items available shall be limited to those specifically identified in the Nonprescription Medication Program section of the "Core" Formulary (COMDTINST 6570.2A) Units may elect not to offer every product from this list but shall not select products other than those listed.

   (4) A beneficiary family shall be limited to a maximum of two items per week from the program. Occasionally, it may be necessary to extend this limit due to family size. Pharmacy and Therapeutics Committees (if available) and collateral duty pharmacy officers shall provide guidance and monitor any such extensions.

(5) Items shall only be available during normal operating hours of the facility.

(6) Pharmacy or sick bay personnel shall monitor the program for perceived overuse. Individuals suspected of this shall be referred to a medical officer and may have their access to this privilege denied.

(7) All products must be dispensed in the Manufacturer's FDA approved packages with required instructions and warnings. Other locally packaged items are not authorized. Local Pharmacy and Therapeutics Committees may develop supplemental information on sheets to provide additional dosage or drug information to the patient.

(8) Nonprescription drug program items shall not be dispensed to pregnant patients or non active duty beneficiaries under 18 years of age. Local flight surgeons, via the Pharmacy and Therapeutics Committee, shall determine which products may be acquired by personnel on flight status.

(9) Facilities offering this service shall keep quarterly statistics as to the quantity of items dispensed and the dollar value expended. This figure shall be separated from regular pharmacy workload statistics and not be counted as a prescription number. Only those items which have been dispensed by a written prescription shall be counted in the facility prescription number totals.

(9) The Patients are responsible for providing an authorized identification card to verify their eligibility.

(10) To receive a nonprescription item, patients must sign a log request form which certifies the following:

(a) "I do not wish to see a physician or other health care provider for advise before receiving these medications. I understand that the medication is for minor illness or conditions and that if symptoms worsen or persist longer than 48 hours, the person for whom this medication is intended should be seen by a health care provider.

(b) "I am not pregnant or under 18 years of age (unless active duty). If on flight status, I understand that I am only authorized to receive over-the-counter items approved by the flight surgeon.

(11) Individuals suspected of returning for medication for a non-resolving problem shall be referred to a medical officer for evaluation.

(12) The log sheet or request form shall also contain the date, patient's name, and the name and quantity of the item(s) received.

(13) Beneficiaries requesting medical advice that, in the opinion of the pharmacy or sick bay personnel, is beyond their expertise, shall be referred to the medical officer.

(14) Funding for independent duty HS assigned units (vessel, groups, etc.) deciding to offer this service shall be from their unit's AFC-30 account.

i. When the pharmacy is closed, a medical or dental officer, or a person so authorized, may dispense medication from a locked cabinet or locker containing pre-packaged or limited supplies of after-hours medications. These drugs are dispensed under the same procedures required when the pharmacy is open, including appropriate labeling and complete as an entry in the health record.
Do not fill prescriptions from civilian prescribers from the after-hours locker except for emergency pain medications and/or antibiotics to treat acute infection.

j. Bulk items for use in the clinic may be issued on authorized prescription forms or locally approved requisition forms.

k. A sign shall be posted outside of the pharmacy in a highly visible location stating "Please inform our pharmacy staff if you are breast feeding or may be pregnant." Clinic pharmacies shall maintain a written drug information system (USP, CHCS, etc.) to provide information to patients when appropriate.

l. Coast Guard pharmacies staffed with one pharmacy technician or HS generally dispense an average of 75 prescriptions per day. Clinics with a pharmacy officer and HS can be expected to average 150 prescriptions per day. These workload expectations account for "background" clinic and pharmacy activities (collateral duties, OTC program, bulk issues, etc.).

m. Pharmacies shall adhere to applicable state laws governing generic dispensing of civilian prescriptions. Civilian prescribers may provide the facility with a written statement giving "blanket approval" to dispense generics for their prescriptions.

n. Dispense drug samples only through the pharmacy; they must have proper labeling and child-resistant containers. A system shall be maintained to recall sample products should such action become necessary.

7. Labeling.

a. A label will be prepared for each prescription dispensed to individuals and will be securely affixed to the container prior to dispensing. The label or appropriate auxiliary labeling will show as a minimum:

(1) facility identity, including pharmacy address and telephone number;

(2) consecutive identifying number;

(3) prescriber's name;

(4) definite, concise directions to the patient;

(5) drug name and strength, unless prescriber directs otherwise;

(6) amount dispensed;

(7) patient's first and last name;

(8) initials of person typing the prescription label;

(9) the legend "**KEEP OUT OF THE REACH OF CHILDREN**" on all prescription labels;

(10) date prescription filled;

(11) indication of refills;

(12) expiration date (for liquid antibiotics);

(13) the legend "**CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED**" (for controlled substances only);

(14) any necessary supplemental or auxiliary labels.

b. If prescription contents are for external use only or require further preparation(s) for use (shaking, dilution, temperature adjustment, or other manipulation or process) include appropriate directions on the label or affix an additional label to the container. If liquid preparations for external use are poisonous, affix a "poison" label to the container. If medicines prescribed for internal use are poisonous, use sound judgment whether to label them "poison" based on the finished preparation's potency in each case.

c. Medicinal preparations compounded or packaged in the pharmacy for subsequent issue will be identified and labeled with the full generic name, except that trade or brand names may be used provided trade or brand name product actually is in the container. The manufacturer's name, lot number, and expiration date, if any, will be shown on the label.

d. Drug issued to clinics for subsequent reissue to outpatients shall be adequately labeled in the pharmacy.

e. All multiple dose injectable vials shall be dated upon opening. Expiration will normally be thirty days unless:

(1) the product is expensive and manufacturer's information guarantees the product is usable beyond 30 days, or

(2) product information indicates a shorter expiration date.

8. Drug Stock.

a. The person responsible for the pharmacy's daily operations must authorize all orders procuring medications. The clinic finance officer shall verify funds are available for all procurements. For prime vendor requisitions, verify funds availability before entering the "ZOA" document entry in the Automated Requisition Management System (ARMS), not prior to the order being submitted to the prime vendor.

b. The Defense Personnel Support Center is the primary source of medications for either the "Depot" system or prime vendor contracts. Use other Federal sources (Perry Point IHS Depot, Federal Supply Schedules, MLC-negotiated purchase agreements, etc.) may be used when, due to price or service advantages, it is

determined to be the most cost-effective procurement method to meet the needs of the unit. Drug procurement from retail sources shall be done only when absolutely required for urgent patient needs and when other, less costly, sources cannot meet this need.

c. Only those items that have been licensed and approved by the Food and Drug Administration (with the exception of vitamins with an established RDA) are authorized for use in Coast Guard health care facilities. Coast Guard health care facilities shall not purchase or dispense "herbal supplements" or "dietary supplements".

d. In storage, separate external use medications from internal use medications and ophthalmic and otic preparations. Caustic acids such as glacial acetic, sulfuric, nitric, concentrated hydrochloric, or oxalic acid shall not be issued to clinics, but shall be stored in separate lockers, clearly marked as to contents. Methyl alcohol shall not be stored, used, or dispensed by the pharmacy.

e. Store flammable drugs according to accepted fire safety regulations.

f. Use solid-core doors with 1-inch (minimum), throw key-operated, dead-bolt locks shall be used for all pharmacy and medical supply areas. On “Dutch” doors, both sections shall have this type lock.

g. Remove from stock drugs under testing in the FDA/DOD Shelf Life Extension Program; label them with the project number until results are received. While pending, use these items only in emergencies. Upon return of results, items should be destroyed or marked with new expiration dates and returned to stock. Oral contraceptives, opthalmics, otics, and inhaler medications should not be extended. These items may be used, while pending, results, to offset medical allowance list requirements.

h. The pharmacy shall maintain, in the pertinent clinic areas, an adequate supply of emergency medications, poison antidotes, and the poison control center telephone number. Containers for these items shall be closed with break-away seals to prevent the unreported removal of items. The outside of the container shall contain an inventory list containing the expiration dates of dated items.

i. Where feasible, pharmacies shall establish borrowing policies with local Government or civilian pharmacies to cover temporary supply shortfalls. The person responsible for the pharmacy shall maintain a log of items loaned or borrowed, and review and initial the log weekly to ensure prompt replacement of all items.

9. Pharmacy and Therapeutics Committee.

a. This is a mandatory advisory committee in all Coast Guard health service treatment facilities having assigned medical officers. It should meet regularly, but at least four times a year. The committee is composed of, but not limited to the following: at least one physician, one dental officer, a pharmacy officer (when available), and a

representative from medical administration. The chairman shall be a physician member. When a pharmacist is assigned, he or she is the secretary of this committee.

b. The committee is an advisory group on all matters relating to the acquisition and use of medications. Its recommendations are subject to the approval of the Chief, Health Services Division. The basic responsibilities of this committee are to:

(1) Use the Coast Guard Core Formulary as guidance to develop and maintain a clinic drug formulary; the group reviews new and deletes unnecessary items.

(2) Maintain a health service technician formulary selected from products authorized by the Coast Guard Standardized Health Services Technician Formulary;

(3) Ensure the unit formulary does not include items based primarily on civilian prescriber demand;

(4) Prevent unnecessary therapeutic duplications of formulary products;

(5) Conduct an ongoing review of all non-formulary items the pharmacy procures and dispenses. To accomplish this, the clinic and/or P&T committee lists:

(a) A list of all clinic formulary items not currently in the CG Core Formulary;

(b) A list of all special order items and the number of patients for whom procured (add special order items procured for seven or more patients to the unit formulary);

(6) Conduct an ongoing drug usage evaluation (DUE) program for selected medications;

(7) Monitor the facility's controlled drug prescribing and usage;

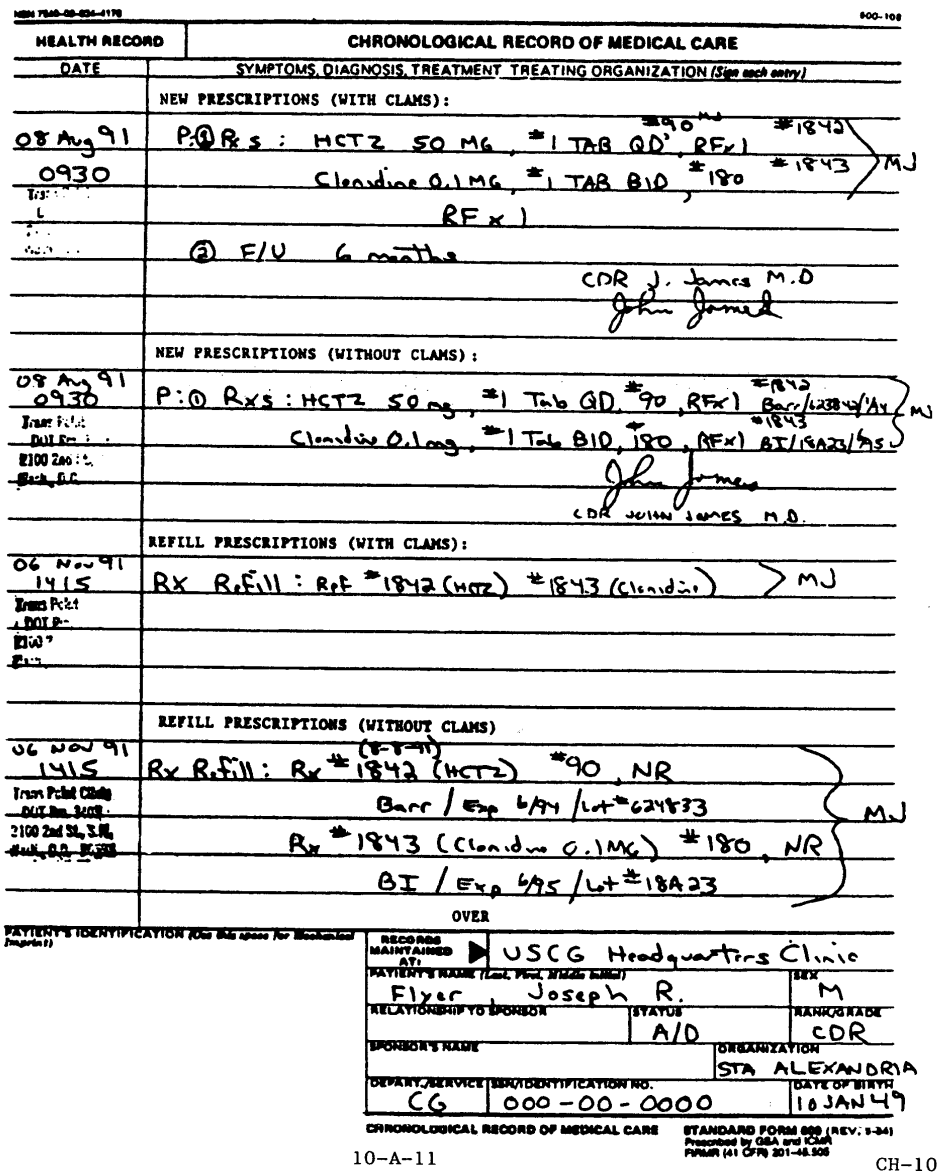
(8) Review pharmacy policies and procedures as necessary;

(9) Monitor the quality and accuracy of prescriptions and patient information the pharmacy provides and enacts any quality assurance measures it deems necessary (double checks, etc.) to ensure pharmacy quality and availability of services; and

(10) Reviews any adverse reaction or product quality reports (VAERS or MEDWATCH) before any drugs or vaccines are released.

c. Minutes shall be prepared for each meeting and approved by the Chief, Health Service Division.

FIGURE 10-A-1



HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE — SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

NEW PRESCRIPTIONS (WITH CLAMS):

08 Aug 91 0930 — P:① Rxs: HCTZ 50 MG, #1 TAB QD, #90, RFx1, #1842; Clonidine 0.1MG, #1 TAB BID, #180, RFx1, #1843 — MJ

② F/U 6 months

CDR J. James M.D

NEW PRESCRIPTIONS (WITHOUT CLAMS):

08 Aug 91 0930 — P:① Rxs: HCTZ 50 mg, #1 Tab QD, #90, RFx1, #1842 Barr/6238H/4/94; Clonidine 0.1mg, #1 Tab BID, 180, RFx1, #1843 BI/18A23/5/95 — MJ

CDR JOHN JAMES M.D.

REFILL PRESCRIPTIONS (WITH CLAMS):

06 Nov 91 1415 — Rx Refill: Rx #1842 (HCTZ) #1843 (Clonidine) — MJ

REFILL PRESCRIPTIONS (WITHOUT CLAMS)

06 Nov 91 1415 — Rx Refill: Rx #1842 (HCTZ) (8-8-91) #90, NR; Barr / Exp 6/94 / Lot #624833; Rx #1843 (Clonidine 0.1MG) #180, NR; BI / Exp 5/95 / Lot #18A23 — MJ

OVER

PATIENT'S IDENTIFICATION (Use this space for Medical Imprint)

RECORDS MAINTAINED AT: USCG Headquarters Clinic

PATIENT'S NAME (Last, First, Middle Initial)	SEX
Flyer Joseph R.	M

RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	A/D	CDR

SPONSOR'S NAME	ORGANIZATION
	STA ALEXANDRIA

DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
CG	000-00-0000	10 JAN 49

CHRONOLOGICAL RECORD OF MEDICAL CARE — STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FPMR (41 CFR) 201-45.505

10-A-11 CH-10

FIGURE 10-A-1 (reverse)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	DENTAL PRESCRIPTIONS:
08 Aug 91 0830 Trans Point Clinic DOT Rm. 3403 2100 2nd St, S.W. Wash, D.C. 20593	Dental Rx: ① Tylenol #3, 1-2 q 4-6h p.r.n. #13, NR ② Amoxicillin 500mg, #3 caps 6 hrs for tx #3, NR Rx #1822/MJ
	NOTE: Tylenol #3 IS A CONTROLLED SUBSTANCE AND MUST BE WRITTEN ON A REGULAR PRESCRIPTION FORM (DD 1289) M. Fritz M. Fritz DDS

U.S. Government Printing Office: 1990-262-661/20011

CH-10 10-A-12 STANDARD FORM 600 BACK (REV. 5-84)

FIGURE 10-A-2: PRESCRIBING GUIDELINES FOR EXPENSIVE MEDICATIONS

DRUGS INCLUDED	GUIDELINES
1. Cholesterol and Lipid Lowering Agents	
Lovastatin and other similar agents to reduce cholesterol and lipid levels	Patients prescribed these products shall have: A. Documented hyperlipidemia confirmed by at least one of these baseline laboratory values: 1. Fasting Total Serum Cholesterol > 240 mg/dl 2. Fasting serum LDL > 160 mg/dl or > 130 mg/dl if risk factors present 3. Fasting HDL < 35 mg/dl 4. Fasting Serum Triglyceride Levels > 250 mg/dl
2. Antibiotics	
Amoxicillin and Potassium Clavulanate (Augmentin), Azithromycin (Zithromax), Cefaclor (Ceclor), Cefixime (Suprax), Cefuroxime (Ceftin), Ciprofloxacin (Cipro), Clarithromycin (Biaxin), Erythromycin/Sulfasoxazole (Pediazole)	Limit use of these and other more costly antibiotics to patients who have unsuccessfully taken more traditional, less expensive antibiotics or where culture and sensitivity testing confirms organism sensitivity. Use these drugs for initial therapy only if Sanford's *Guide to Antimicrobial Therapy* indicates they are the primary agent of choice.
3. Smoking Cessation Aids	
Nicotine gum and patches (any manufacturer), and other products used for smoking cessation	Behavioral modification is the primary method of smoking cessation; do not prescribe smoking cessation aids to patients without proof of ongoing participation in a "recognized" program that consists of regularly scheduled patient interaction with a smoking cessation facilitator. Do not prescribe smoking cessation products for anyone who continues to smoke after the initial two weeks of therapy.
4. Antihistamines	
Fexofenadine (Allegra), Loratadine (Claritin)	All patients prescribed these products shall have: 1. Previously documented failure to obtain relief of symptoms with at least one antihistamine or one antihistamine-and-decongestant combination or documented history of intolerance to antihistamines' sedative effects. 2. A consulting physician's prescription for unresolved allergy problems. 3. Current aircrew qualification with documented allergies.

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Section B- Controlled Substances

1. General.

   a. Controlled substances, as used here, are defined as:

      (1) drugs or chemicals in DEA Schedules I-V: (for example, the manufacturers label for Acetaminophen with Codeine #3(30 mg.) carries the DEA symbol for Schedule III (C-III) and will be treated as a Schedule III by Coast Guard units.)

      (2) precious metals;

      (3) ethyl alcohol (excluding denatured);

      (4) other drugs or materials the local commanding officer or Pharmacy and Therapeutics Committee determine to have significant abuse potential.

   b. Coast Guard authorized uses for controlled substances are:

      (1) medicinal purposes;

      (2) retention as evidence in legal or disciplinary actions; or

      (3) other uses CG Regulations specifically authorize.

   c. Quantity Definitions. Due to the potential for abuse and associated audits required, Coast Guard units should strive to minimize the quantities of controlled substances used. Two types of quantities are recognized for controlled substances:

      (1) Working Stock. Working stock is defined as a 30 day supply (under routine conditions) of a controlled substance or limited amounts of emergency drug as might be required. For smaller facilities, with limited quantities of controlled substances, working stock may surpass the 30 day limit when quantities are less than 1000 dosage units (tablets, capsules, etc.). It is also acceptable for partial containers to temporarily surpass this 1000 dosage unit limit.

      (2) Bulk Stock. Bulk stock is defined as a larger quantity beyond the normal working stock quantity. Bulk stock should primarily be sealed in sealed manufacturer's containers.

2. Custody and Controlled Substance Audits.

   a. Controlled Substance Custodian (CSC).

      (1) Pharmacy officers, when assigned, shall be appointed in writing as the CSC by the commanding officer.

      (2) In the absence of a pharmacy officer, COs shall designate the clinic administrator as CSC.

      (3) Medical and dental officers may serve as alternate CSCs.

      (4) Temporarily assigned personnel shall not serve as CSCs or alternates.

      (5) Under Coast Guard Regulations, COMDTINST M5000.3A, Chapter 6-2-3-A.(6), the Executive Officer is directly responsible for medical matters if a

medical officer is not assigned. For sickbays, the CO shall designate a commissioned officer as the CSC.

(6) CSCs may permit Health Services Technicians to assume custody of a "working stock" quantity of controlled substances.

(7) An audit of all controlled substances (working and bulk stock) is required when the CSC is changed. The results of this inventory shall be filled in the command's permanent file and in the Health Services Log. All keys should be transferred and/or combination locks changed at the time of this inventory.

b. Unit Controlled Substance Audits.

(1) Controlled Substance Audit Boards (CSAB). Each unit procuring, storing, or dispensing controlled substances shall have a CSAB.

(a) Membership: The CSAB shall consist of two or more disinterested officers or if unavailable, two or more disinterested senior petty officers (E-6 or above). Designated in writing by the Commanding Officer. CSAB letters of designation will remain in effect until the members are relieved in writing or detached from the command. In no case may the controlled substance custodian be a member of the CSAB.

(b) The CSAB shall conduct monthly audits of controlled substances at clinics (quarterly at ashore or afloat sickbays) and submit its report to the commanding officer within 5 working days after its audit. Commands shall maintain these reports for three years after which they may be destroyed.

(c) Monthly CSABs shall audit all working and bulk stock of C-II through C-V controlled substances, precious metals, ethyl alcohol, and drugs or other items locally designated as controlled substances due to abuse potential and report all quantities on CG-5353, Monthly Report for Narcotics and Other Controlled Drugs.

(d) During monthly audits, CSABs shall inspect controlled substances for expiration, deterioration, and inadequate or improper labeling. Expired products or those with other discrepancies shall be removed for disposal.

(e) The CSAB shall count required controlled substances; review a representative random sample of prescriptions, receipts, and issue documents; and report the results on Monthly Report for Narcotics and Other Controlled Drugs, CG-5353. For sealed containers, a bottle count is sufficient; for open containers an exact count is required. For open liquid containers, an estimate other than an exact volume measurement is adequate. CSABs may use tamper-proof seals on open containers to avoid future counting of partial quantities.

reviewed to ensure that only authorized products are procured in appropriate quantities. Discrepancies are forwarded to the pertinent MLC (kqa) for follow-up.

(3) DEA Biennial Inventories. To comply with DEA requirements, all controlled substances shall be inventoried by the custodian during May of even-numbered years. This copy of the CG-5353 shall be maintained on file locally and labeled "FOR DEA BIENNIAL INVENTORY" at the top of the form.

c. Drug Enforcement Administration (DEA) Registration. DEA registration is required for those CG clinics with Prime Vender Ordering Officers. Purchase of controlled substances from commercial sources is prohibited unless approved and procured by pharmacy officers. Sickbays shall not register with the DEA unless in-house physician services are provided. The unit's Drug Enforcement Agency Registration Form (DEA-244A) shall be signed by the Commanding Officer. By direction signature is not authorized. Forward the signed form to the cognizant MLC (k) for signature as approver/exemptor. The MLC (k) shall forward the form (DEA-244A) to the DEA and provide a photostatic copy to the originating unit. The DEA will issue the registration to the unit.

d. Reporting Theft or Loss. Upon receipt of the CSAB or pharmacy officer monthly audit noting theft or loss of controlled substances, the command shall::

(1) Designate a command member to contact the cognizant MLC (k), discuss the circumstances of the discrepancy, and request guidance for further action. MLC will advise the command in writing or by E-mail of the guidance provided. Should MLC determine an investigation is warranted, the command shall: appoint one or more members of the command to investigate the discrepancy. The command shall not appoint CSAB members to investigate an incident they have reported.

(2) Review and send to the pertinent MLC (k) the findings of the investigation.

(3) The pertinent MLC (k) shall determine if the theft or loss warrants further action or DEA notification.

3. Procuring, Storing, Transferring, and Disposing of Controlled Substances.

a. Procurement.

(1) Clinics shall procure controlled substances from the DSCP prime vendor, or directly through DSCP, if items are available. Coast Guard vessels shall obtain authorized controlled substances through their collateral duty pharmacy officer.

(2) Documents relating to commercial procurement of controlled substances shall be endorsed by the CSC prior to processing.

(3) Schedule I controlled substances and alcoholic beverages shall not be procured or stocked in Coast Guard health care facilities.

(4) Upon receipt, controlled substances shall immediately be placed in the custody of the designated custodian. The invoice shall be checked against the

requisition to verify receipt of all quantities listed on the invoice. The custodian shall acknowledge receipt by signing the invoice. Controlled substance procurement documents shall be maintained in the pharmacy for three years.

b. Storage.

(1) Bulk stocks of controlled substances shall be stored in an all-purpose Class V safe or cabinet.

(2) Working stocks shall be stored in a locked cabinet in a secured area (pharmacy, etc.).

(3) The controlled substance custodian shall record and sign on the NAVMED 6710/5 all transfers of controlled substances from bulk.

(4) Afloat units may use existing "built in" containers to store bulk or working stocks of controlled substances.

c. Transfer.

(1) Controlled substances may be transferred between CG and other government facilities using the Requisition and Invoice/Shipping Document (DD-1149). When completed the document shall include:

(a) names of issuing and receiving facility or unit;

(b) name, strength, and quantity of each drug;

(c) date; and

(d) signatures of the issuing and receiving custodians.

(2) Both units shall adjust inventories as required and file copies of the DD-1149 for three years.

(3) When the transaction cannot be done in person, it may be done by registered mail. The Registered Mail Return Receipt (PS Form 3806) shall be maintained by the issuing unit until a signed copy of the DD-1149 is returned.

(4) A copy of the DD-1149 shall be sent to the pharmacy officer with collateral duty responsibility for the facility.

d. Disposal.

(1) Expired, contaminated, excessive, or inadequately labeled controlled substances shall be destroyed by the inventory board. CSAB reports shall include the drug name, quantity, reason for destruction, and mechanism of destruction. These shall be maintained on file for three years.

(2) Controlled substances identified for destruction must be disposed of in accordance with state law. The DEA may also be used to dispose of controlled substances. Contact your pharmacy officer for information on this procedure.

4. Prescribing Practices.

a. Authorized prescribers (see 10-A-2.a). are exempt from registration under provision of 21 CFR 1301.25. The officer's social security number shall be used in lieu of a DEA registration number. The exemption does not apply when the officer prescribes controlled substances outside of their official duties. In that case, the prescriber is required to register with the DEA, at their own expense, and comply with applicable state and federal laws.

b. Signatures.

(1) All prescriptions for controlled substances shall be signed by a medical or dental officer. If none is assigned, the prescription shall be signed by the senior health services department representative and countersigned by the executive officer.

(2) All schedule II controlled substance prescriptions by physician assistants or nurse practitioners shall be countersigned quarterly by their supervising medical officer.

(3) All controlled substance quantities used in the preparation of other products (compounding, etc.) shall be accounted for on a prescription form and be signed by the pharmacy officer or custodian.

(4) The back of all controlled substance prescriptions shall include the wording "received by," followed by the patient's signature, address, and the date dispensed.

c. Quantities and Refills.

(1) Controlled substances shall be prescribed in minimal quantities consistent with proper treatment of the patient's condition.

(2) Out-of-state controlled substance prescriptions may be dispensed if, in the professional judgment of the pharmacy staff, the prescription is legitimate. These prescriptions should invoke special scrutiny by pharmacy personnel.

(3) Schedule II prescriptions shall not be accepted more than seven days after the date the prescription was written. For other controlled substances, 30-days shall be the limit.

(4) Schedule II prescriptions shall be limited to a 30-day quantity and may not be refilled. The only exception shall be medication for Attention Deficit Disorder (ADD) where quantities may be dispensed in up to a 90 day supply with no refills.

(5) Schedule III, IV, and V prescriptions shall be limited to 30-day quantities with up to five refills authorized by prescriber. The only exception shall be for chronic seizure medications, which may be dispensed in up to 90-day quantities with one refill (six months' total supply). Civilian prescriptions for these medications shall only be honored for these quantities. Patients shall be

informed of this quantity/refill limit and be offered the opportunity to have the prescriptions filled elsewhere.

d. Filing Prescriptions.

(1) Controlled substance prescriptions shall be serially numbered and maintained in two files:

(a) File #1: All C-II, precious metals, and alcohol prescriptions.

(b) File #2: All C-III, C-IV, and C-V prescriptions.

(2) All prescriptions shall be maintained on file for three years after which they may be destroyed them by shredding or tearing each prescription in half.

(3) All prescriptions for C-II medications, precious metals, and alcohol shall be posted on NAVMED 6710/5 by the end of the workday. When this is done, a line shall be initialed by the pharmacy staff member completing the transaction.

Section C - Forms and Records

1. General. Records shall be maintained for certain procedures conducted within all Coast Guard Clinics. Among mandatory requirements for record keeping are the prescribing of drugs, handling of controlled substances, and quality control procedures. Standardized forms are available for all procedures except quality control.

2. Prescription Forms.

   a. The DOD prescription form (DD 1289) or polyprescription (NAVMED 6710/6) shall be used by Coast Guard prescribers when chart prescribing is not available.

   b. All prescriptions shall be filed in one of three files:

      (1) All non-controlled drug prescriptions;

      (2) Schedule II prescriptions; and

      (3) Schedule III, IV, and V prescriptions.

   c. Prescriptions in black or blue ink, indelible pencil, or typewritten must show the information:

      (1) Patient's full name;

      (2) Date the prescription was written;

      (3) Full generic name (or trade name with substitution instructions), dosage form desired, and dosage size or strength written in the metric system. The quantity dispensed shall be clearly specified numerically or spelled out in words (“one bottle” or “one package” are not acceptable). Standard pharmacy abbreviations may be used in writing dispensing and dosage instructions but not in specifying the drug to be dispensed.

      (4) Complete, explicit directions to the patient (expressions such as "take as directed," "label," etc. are not adequate directions and not allowed);

      (5) Prescriber's legible, legal signature (initials not permitted) with stamped name and professional discipline (MD, DO, DMD, DDS, PA, HS2, etc.);

      (6) All additional requirements when prescribing controlled substances:

         (a) Patient's complete address; and

         (b) Prescriber's SSN or DEA number.

         (c) NOTE: Alterations on prescriptions for controlled substances are prohibited unless initialed by the prescriber.

   d. Multiple prescription forms, such as NAVMED 6710/6 or 6710/10, which are intended for use when prescribing a number of non-controlled drugs for one patient, are authorized.

e. Maintain all prescriptions on file, including all "prescription logs" related to chart prescribing, for three (3) years, after which they may be destroyed by shredding or tearing each prescription in half.

f. The pharmacy shall have ready access to the patient's medical information including age, allergies, weight, etc., when preparing and dispensing prescriptions.

3. Quality Control Forms. Quality control is important for proper conformity and safety of drug products to be dispensed. The two main areas that benefit from quality control are compounding and prepackaging. A locally prepared form shall be used which will provide clearly definable material sources (manufacturer's name, lot numbers, and expiration dates), procedures used, intermediary and final checks by supervisory personnel, and sample labeling.

4. Controlled Drug Forms.

a. NAVMED 6710/4—24-Hour Narcotic and Controlled Drug Inventory. This record shall be maintained at Coast Guard facilities providing inpatient care.

(1) The NAVMED 6710/4 shall be signed by the senior health services technician on each watch after the drugs have been checked prior to relief. Where feasible and practical the drugs should checked concurrently by the HS reporting for duty as well as by the HS being relieved. Any discrepancies noted shall be reported immediately. The record is used for two (2) weeks, with a one (1) week period on each side. The night HS shall initiate the record.

(2) The serial numbers of new NAVMED 6710/1's received from the pharmacy during each watch shall be entered. The serial numbers of completed NAVMED 6710/1's returned to the pharmacy shall be entered and the pharmacist or authorized representative shall acknowledge receipt by initialing in the appropriate column.

(3) At the time specified in local instructions, the senior health services technician shall audit the clinic controlled substances supplies. After the audit the senior health services technician shall date and sign the NAVMED 6710/4.

b. NAVMED 6710/1—Narcotic and Controlled Drug Account Record.

(1) Upon receipt of a properly completed prescription requisition a separate Narcotic and Controlled Drug Account Record (NAVMED 6710/1) shall be prepared by the pharmacy for each schedule II through schedule V drug, and any other drug which, in the opinion of the commanding officer, requires control procedures.

(2) All NAVMED 6710/1's shall be kept in a controlled drug book.

(3) All entries shall be made in blue or black ink. Errors shall be corrected by drawing a line through the erroneous entry and having the person making the correction sign the entry. The correct entry shall be recorded on the following line, if necessary.

(4) If a new issue is received before the old issue is completely expended, the new NAVMED 6710/1 shall be inserted in back of the current record. The serial number of the new NAVMED 6710/1 shall be entered on the NAVMED 6710/4.

(5) The heading for each NAVMED 6710/1 shall be completed at the time of issue. The body shall be used for recording expenditures and balances only.

(6) Each time a drug is used, complete information shall be recorded: date, time, patient, doctor's name, by whom given, amount used, and balance remaining on hand (NAVMED 6710/1).

(a) Record all amounts in Arabic numerals. Where the unit of measure is a milliliter (ml) and the amount used is less than one ml, it shall be recorded as a decimal (e.g., 0.5 ml) rather than a fraction.

(b) When a fraction of the amount is expended to the patient , it shall be placed in parentheses before the amount recorded in the expended column; [e.g., an entry of (0.0005)1 on the morphine sulfate 16 mg/ml record indicates that one-half ml was expended and that 0.008 gm was administered].

(c) If a single dose of a controlled substance is accidentally damaged or contaminated during preparation for administration or the patient refuses after preparation, the dose shall be destroyed and a brief statement of the circumstances shall be entered on the NAVMED 6710/1. Such statements shall be signed as witnessed by a second health care provider.

(d) If multiple doses of a controlled substance are damaged, another senior HS shall record the disposition of the drug, including date, amount of drug, brief statement of disposition, and new balance. Both the senior and witnessing HS shall sign the NAVMED 6710/1.

(e) Deteriorated drugs shall be returned to the pharmacy for disposal.

(f) The completed NAVMED 6710/1, along with the counter-type dispenser, shall be returned to the pharmacy.

(g) Monthly, the pharmacy shall report all NAVMED 6710/1s still outstanding 30 days from date of issue. The report shall be verified and returned to the pharmacy for reconciliation. Discrepancies shall be reported to the commanding officer via the Controlled Substances Inventory Report.

c. Narcotic and Controlled Drug Book.

(1) Each activity drawing controlled substances from the pharmacy shall maintain a loose leaf notebook containing NAVMED 6710/4—24-Hour Narcotics and

Controlled Drug Inventory in the first section and individual NAVMED 6710/1—Narcotic and Controlled Account Records in the latter sections.

(2) The senior HS shall remove all filled NAVMED 6710/4's over three (3) months old from the Narcotic and Controlled Drug Book and return them to the pharmacy.

d. NAVMED 6710/5—Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs. Separate NAVMED 6710/5 forms are not required for each controlled substance (C-II through C-V) in bulk and working stock when electronic records or documentation are available via the Composite Health Care System (CHCS) or equivalent software programs. The requirement for hard copy report monthly substance audit board report (CG-5353) is still required, however the CHCS software prepares and automates controlled substance inventory reports which are acceptable and can be used as an equivalent to the CG-5353. If software is not available prepare a separate NAVMED 6710/5 for each controlled substance (C-II through C-V) in bulk and working stock; All boxes and columns below are self-explanatory except as noted:

(1) Drug Name. Enter generic or proprietary drug name as appropriate, e.g., "Codeine Sulfate."

(2) Strength. Express as gm, mg, etc.

(3) Unit. Enter dosage form as appropriate.

(4) Prescription or Requisition Number. Enter appropriate prescription or requisition (voucher) number. For issues returned to the pharmacy, enter the source.

(5) Recipient. Enter "pharmacy" for receipts. Enter clinic or patient name, as appropriate, for expenditures.

(6) NAVMED 6710/1 Returned. The date the NAVMED 6710/1 is returned to the pharmacy shall be entered on the appropriate line bearing the same serial number or prescription number.

5. Forms Availability.

a. Forms CG-5353, DD-1289, NAVMED 6710/1, NAVMED 6710/4, NAVMED 6710/5, and NAVMED 6710/6 are available from the Coast Guard Supply Center.

b. Obtain DEA forms from the nearest DEA office. Consult with a pharmacy officer for more information.

Section D - Drug Dispensing Without a Medical Officer.

HSs dispensing prescriptions without a medical officer's direct supervision, e.g., at independent duty shore stations or vessels, shall be conducted in accordance with provisions of this manual, except that these services shall be provided for active duty personnel only. HSs in these situations are encouraged to seek consultation with their assigned collateral duty pharmacy officer when necessary.

1. Child-Resistant Containers. Prepackaged OTC products should be issued in their original container. For vessels, limited quantities of prescription drugs may be issued in labeled plastic zip-lock bags while underway. These bags must be inserted in a child resistant container if they are removed from the vessel.

2. Controlled Substances.

   a. All drugs shall be dispensed under the supervision of a health services technician at activities where there are no officers of the health services department.

   b. An officer, designated by the commanding officer, shall keep in a separate locked compartment, all bulk un-issued controlled substances, alcohol, or items otherwise controlled. The keys or combination shall always be in the custody of an officer. The executive officer, or other designated officer, shall arrange for the care and safe custody of all keys and require strict compliance with instructions concerning the receipt, custody, and issue of controlled substances and alcohol as contained in the law, Coast Guar Regulations, and this manual.

   c. Custodians or their designated assistants shall retain the keys or combination to the working stock storage area while on duty. When relieved, they shall deliver the keys to their relief or to a responsible person designated by local instructions. A copy of the combination of a safe, if used, shall be sealed in an envelope and deposited with the commanding officer.

   d. Commanding officers may authorize temporary deviations from the controls established in this Chapter due to operational and/or emergency situations.

3. Formulary. Health Services Technicians on independent duty shall maintain drug formularies consisting of:

   a. Standardized Health Services Drug Formulary items;

   b. Health Services Allowance List requirements;

   c. Chronic medications prescribed by a physician for active duty members; and

   d. Other drugs the HS has agreed to stock for their active duty members for a local contract prescriber.

4. Non-prescription Medication Programs. Sickbays are encouraged to operate nonprescription medication programs as described in paragraph 10-A-6.h. of this manual.